



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
05/922,799	07/07/78	BOGOCH S	NONE

PATENT NUMBER	DATE OF THIS NOTICE
4298590	11/03/81

PAYMENT DUE DATE
SEE BELOW

NOTIFICATION BALANCE OF ISSUE FEE DUE

014 Pages x \$10 per page - \$10 (paid with Base Issue Fee) = \$ 130

THE PAYMENT HAS BEEN CHARGED TO THE DEPOSIT ACCOUNT. NO FURTHER
ACTION IS REQUIRED.

PAYMENT OF THIS BALANCE MUST BE MADE WITHIN THREE (3) MONTHS FROM THE DATE OF THIS NOTICE.

Failure to pay this balance within the time specified will result in lapse of the patent. To expedite processing, please use the attached revised PTO-1031C form to transmit the fee. Where use of a Deposit Account is being authorized, both parts C and D of this form should be transmitted.

By direction of the Commissioner.

P0914 11/03/81 922799

11-0600 2 107

130.00CH

BASE ISSUE FEE TRANSMITTAL

U.S. Department of Commerce
Patent and Trademark Office

This form is provided in lieu of a formal transmittal and should be used for transmitting the Base Issue Fee. The sections 1A through 4 below must be completed as appropriate.

MAILING INSTRUCTIONS

All further correspondence, including the Issue Fee Receipt, the Patent, the Notice of Balance of Issue Fee Due if appropriate, and advanced orders, will be mailed to the addressee entered in section 1 at the left below, unless you direct otherwise by specifying the appropriate name and address in 1A below.

1. PAUL W. HELLER KENYON & KENYON REILLY CARR & CHAPIN 59 MADISON LANE NEW YORK, N. Y. 10038	2A. The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Base Issue Fee to the application identified below. <div style="text-align: right; margin-right: 50px;"> <i>William J. Speranza</i> (Signature of party in interest of record) </div> <div style="display: flex; justify-content: space-between;"> <div> William J. Speranza Reg. No. 26,340 </div> <div style="border: 1px solid black; padding: 2px;"> (Date) 3/3/81 </div> </div> <p style="font-size: small;">Note: The Base Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p>
--	--

SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	DATE MAILED	EXAMINER AND GROUP ART UNIT
05/922,799	07/07/78	016	12/03/80	ROCKWELL 223
First Named Applicant: EDMOND SAMUEL				

TITLE OF INVENTION
(This may have been amended by Exam)

DETECTION OF MALIGNANT TUMOR CELLS

BASE FEE COMPUTATION	BASE FEE DUE	ATTY'S DOCKET NO.	CLASS - SUBCLASS	BATCH NO.
\$100 + 4 (for dwg. @ \$2 per sheet) + \$10 =	114	NONE	424-001000	114

1A. Further correspondence to be mailed to the following:	2B. For printing on the patent front page, list below the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed below, no name will be printed. <div style="margin-top: 10px;"> 1 KENYON & KENYON 2 3 </div>
---	---

DO NOT USE THIS SPACE

03/10/81	922799	2 106	100.00CK
03/10/81	922799	2 107	10.00CK
03/10/81	922799	2 108	4.00CK

3. ASSIGNMENT DATA (print or type) P2015 03/10/81 922799 A. (1) <input checked="" type="checkbox"/> This application is NOT assigned. (2) <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. (3) <input type="checkbox"/> Assignment submitted herewith. B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334). (1) NAME OF ASSIGNEE: (2) ADDRESS: (City & State or Country) (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:	4. The following fees are enclosed: 11-600 2 301 5.00CH <input checked="" type="checkbox"/> Base fee <input type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording The following fees should be charged to deposit acc. no. 11-600 (PTOL-85c must be enclosed) <input type="checkbox"/> Base fee <input checked="" type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording <input checked="" type="checkbox"/> Balance of Issue fee due, if any Number of advanced order copies requested 10 (must be for 10 or more copies)
---	---

TRANSMIT THIS FORM WITH FEE